PREGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF

HAZARDOUS WASTE ACTIVITY

09/07/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →

NYD013590955

INSTALLATION NAME →

425 MERRICK AVENUE PRP GROUP

INSTALLATION ADDRESS →

425 MERRICK AVE WESTBURY, NY 11590

MAILING ADDRESS →

88 DURYEA RD MELVILLE, NY 11747

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 2 290 BROADWAY, 22nd Floor NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH

TO: ERNST, GREGORY
SITE CONSULTANT
88 DURYEA RD
MELVILLE, NY 11747

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Andrew Agent and Andrew

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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. | expires 6-31-93 GSA No. 0246-EPA-OT

Please refer to the instructions for Filling Notification before completing this form. The information required here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Charax contact

Notification of **Regulated Waste** Activity

Date Received (For Official Use Only)

AMS BRANCH

United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. installation's EPA ID Number B. Subsequent Notification (complete item C) A. First Notification NY001359095 II. Name of installation (include company and specific site name) 6 ROUP RP III. Location of installation (Physical address not P.O. Box or Route Number) Street MER 5 e C Street (continued) City or Town State ZIP Code 5 County Code **County Name** 9 IV. Installation Mailing Address (See Instructions) Street or P.O. Box 8 City or Town State ZIP Code e V. Installation Contact (Person to be contacted regarding waste activities at site) Name (lest) (first) 6R Rn 0 Job Title Phone Number (area code and number) 9 VI. Installation Contact Address (See Instructions) A. Contact Address
Location Mailing B. Street or P.O. Box City or Town State ZIP Code VII. Ownership (See Instructions) A. Name of installation's Legal Owner 6 Street, P.O. Box, or Route Number e a City or Town State ZIP Code 5 e 0 D. Change of Owner indicator B. Land Type C. Owner Type (Date Changed) Month Day Year Phone Number (area code and number) - 9 14 No X 6 2 -8

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VIII. Type of Regulated Waste Activity	(Mark 'X' in the appropriate boxes. Refer to	instructions.)
A. Hazardous	s Wasta Activity	B. Lised Oil Fuel Activities
1. Generator (See instructions) a. Greater than 1000kg/mo (2:200 lbs) b. 100 to 1000 kg/mo (2:20 - 2:200 lb) c. Less than 100 kg/mo (2:20 lbs.) 2. Transporter (indicate Mode in boxes to a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	Hazardous Waste Fuel a. Generator Marketing to Burner	a. Generator Marketing to Burner b. Other Marketer c. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler
IX. Description of Regulated Wastes (Use additional sheets if necessary)	
wastes your installation handles. (See 40 1. ignitable 2. Corroelve 3. Reactive (D001) (D002) (D003) B. Listed Hazardous Wastes. (See 40 CFF) 1 2 2 4 0 0 2 8 C. Other Wastes. (State or other wastes recommended to the control of	Wastes. Mark 'X' in the boxes corresponding to the CFR Parts 261.20 - 261.24) Toxicity Characteristic (D000) (List specific EPA hazardous waste number(s) for a 261.31 - 33. See instructions if you need to list mo	or the Toxicity characteristic contaminant(a)) ore than 12 waste codes.) 5
C Certification	document and all attachments were prepare	ad wader my direction or supendsion in
accordance with a system designed submitted. Based on my inquiry of the gathering the information, the inform	to assure that qualified personnel properly person or persons who manage the system, of nation submitted is, to the best of my know gnificant penalties for submitting false informs	ly gather and evaluate the information or those persons directly responsible for wiedge and belief, true, accurate, and
XI. Comments		
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Notification of Please refer to the Instructions **Date Received** for Filing Notification before (For Official Use Only) completing this form. Regulated Waste information requested here is required by law (Section 3010 **Activity** of the Resource Conservation and Recovery Act). United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number **B. Subsequent Notification** A. First Notification (complete item C) II. Name of Installation (Include company and specific site name) DO WB R OK 0 M P They were both III. Location of Installation (Physical address not P.O. Box or Route Number) 2 M E RR K EN U E Street (continued) State City or Town **ZIP** Code WE S TB UR NY 111 5 9 County Code County Name NA SS IV. Installation Mailing Address (See Instructions) Street or P.O. Box 8 0 S E B A E W 0 U RD City or Town State ZIP Code OR WA SH NG T 0 N Y 1 0 5 I V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) (first) IC H HAR LE S Job Title Phone Number (area code and number) I NT 8/19/91 Comes Lab mos NY Christianity VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location Malling X City or Town State ZIP Code VII. Ownership (See Instructions) A. Name of Installation's Legal Owner \mathbf{E} AD W 0 $B \mid R$ E Street, P.O. Box, or Route Number 8 0 A I E W \mathbf{B} 0 U RD City or Town State **ZIP** Code T T H N G Ι ON N Y B. Land Type C. Owner Type (Date Changed) Month Day D. Change of Owner Phone Number (area code and number) Year Indicator 2 5 8 P P No EPA Form 8700-12 (01-90) Previous edition is obsolete. Continue on reverse ound some

		ID - For Official Use Only
VIII Tugo of Regulated Waste Activi	ity (Mark 'X' in the appropriate boxes. F	Refer to Instructions
	ous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 ll b. 100 to 1000 kg/mo (220 - 2,200 c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at in Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to But	a. Generator Marketing to Burner b. Other Markerer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2 Industrial Boiler 3 Industrial Furnace
IX. Description of Regulated Wastes	(Use additional sheets if necessary)	
wastes your installation handles. (See 4) 1. Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003) X B. Listed Hazardous Wastes. (See 40 CF) 1 2 F 0 0 3 F 0 0 5 7 8 C. Other Wastes. (State or other wastes recommended)	4. EP Toxic (D000) (List specific EPA hazardou) R 251.31 - 33. See instructions if you need to X 0 0 2	ing to the characteristics of nonlisted hazardous us waste number(s) for the EP Toxic contaminant(s)) olist more than 12 waste codes.) 11 12 12
and all attached documents, and obtaining the Information, I believe	that based on my inquiry of those e that the submitted information is t	niliar with the information submitted in this Individuals Immediately responsible for rue, accurate, and complete. I am aware in, including the possibility of fines and Date Signed 8/15/91
XI. Comments		
Al. Comments		
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Note: Mall completed form to the appropr	riate EPA Regional or State Office (See Sec	ction III of the booklet for addresses)



ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

09/09/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD013590955

·Wi

FACILITY NAME ->

MEADOWBROOK REALTY CO

MAILING ADDRESS ->

90 SEAVIEW BLVD PORT WASHINGTON, NY 11050

INSTALLATION ADDRESS ->

425 MERRICK AVE WESTBURY, NY 11590

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: RICH CHARLES SIT CONSULTANT
MEADOWBROOK REALTY CO
80 SEAVIEW BLVD
PORT WASHINGTON, NY 11050

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	VIII. FIRST OR S Mark "X" in the upp If this is not your fin	repriate box to i	indicate wheth	per this is vo	ur installatio	on's first no ber in the	otification space pro	of haza vided be	ardous w low.	este activi	ty or a sub	osequent n	notificatio	n.
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ID. - FOR OFFICIAL USE ONLY



RCRIS NOTIFICATION DATA DISCREPANCY FORM

<u>Information</u>	from RCRIS			<u>ivew infort</u>	mation	(make d	change to "E" record only)
Facility Name: Meadow	brook Realty Co.		Fac	cility Name:			
Facility EPA ID Number:	NYD013590 455		Fac	cility EPA ID Number:			
Facility Address: 425		_		cility Address:			
City: Westb. Mailing Address:	ury St:N.7. Zip: 1159	_ _ _ _	Ma	City: iling Address:			: Zip:
City:	St: Zip: St: Phone: 516 - 674-38		Ĭ.	City:		_ St	:Zip:
Facility Contact: Charles	Kich Phore: 516-674-38	189	Fac	cility Contact:		Pł	none: <u> - -</u>
Owner/Operator:		_	Ov	ner/Operator:			
SIC Code(s):		_	SIC	Code(s):			
Waste Codes:				ste Codes:			
Waste Codes: Generator Status (LQG/S	QG) SQG		Ge	nerator Status (LQG/	sag)		
Other:			Oth	er:			
		_	l				
In response to General General	this request, please modify Information:	RCF	RIS	Handler Notification Add/Change Gener			
Facility Name	EPA ID Number	<u> </u>	- -	conditionally exempt Small Quantity	<u> </u>	6 No	longer Generates HW;
Facility Address	Mailing Addr ass	<u> </u>		Generator Definitionally Excluded Wastes		Stil	l in Business longer Generates HW;
Facility Contact	Phone	<u> </u>		Delisted Wastes		Ou	t of Business or Generated Hazardous Waste
SIC Code(s)	Waste Code(s)			One-time Hazardous Waste Generator		9 ID N	lumber to Transport
Other			5	Periodic Hazardous Waste Generator		1 Reg	-Hazardous Waste ulated Under Another ID aber(s) (list below)
Contact: Marggret Emil	Phone: <u>X 4 /30</u>	le le	le	hotel.	3/18/	/	Sudeant

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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: February 9, 2018 - 4:24 PM Version 5.0

User Selection Criteria

Location:

New York, all activities

Activity Location:

None Chosen

Handler ID:

NYD013590955

Group of IDs:

None Chosen

Handler Name:

Handler Universe:

All Facilities Regardless of Universe

Determined Date Range: From: 10/01/1980 To: 02/09/2018

Location County Code: None Chosen

Evaluation Type:

Location City:

Focus Area:

Location Zip Code:

Violation Type:

State District:

None Chosen

Display Code Descrip.: Yes

Sort Order:

Region, State, Handler Name

Display Universes:

Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 4

Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals: all other enforcement actions are released.

Report Information

Name:

cme foia.rdf

Developed by:

EPA Headquarters, Office of Enforcement and Compliance Assurance

Deployed: Last Updated: June 2006 May 2012

Contact:

rcrainfo.help@epa.gov

Tables Used:

cmecomp3, ccitation3, hreport univ5, lu citation, lu state, hid groups

Libraries:

none

Report run on: February 9, 2018 - 4:24 PM

Total Number of Activity Locations:

* End of Report *

Page 2

GROUP	County	Name / Code: NASS	SAU / NY059		NYD013590955
BURY, NY 11590					REGION 02
Ξ, NY 11747					
State District: NYSDEC R1	Accessibility:	No	n-Notifier:	Extract Flag: Y	Active Site: N
Transporter: N Transfer Facility: N	Operating TSDF: Offsite Receiver:	N	IC In Place: HSM:		Indicator (HE / GW):N / N ubpart K:
Converter: State TSDF:	State Addressed S	NC: N	EPA Addressed SNC:	N	
				3.50	sible Agency: State Sequence Number: 1
Activity Location: NY Multimedia Inspection: NO	By: State Sampling: NO	Identifier: 000 Not Subtitle 0	Person: C: NO Day Zero	Branch:	Found Violation: YES Focus Area:
21				Identifier: 000 Branch:	
Disposition Status:		Appeal Ir	nitiated:	Арр	peal Resolved:
100 Maria	110/404				
Activity Location: NY Multimedia Inspection: NO	By: EPA Sampling: NO	Identifier: 000 Not Subtitle 0	Person: R2ME C: NO Day Zero	Branch: RCB	Found Violation: NO Focus Area:
	BURY, NY 11590 E, NY 11747 State District: NYSDEC R1 Transporter: N Transfer Facility: N Converter: State TSDF: Type: 262.D Do Actual Activity Location: NY Multimedia Inspection: NO on: NY Type: Age Disposition Status:	BURY, NY 11590 E, NY 11747 State District: NYSDEC R1 Transporter: N Converter: State Unaddressed S State TSDF: State Unaddressed S State SNC w/Com Type: 262.D Determined Date: 10/06/199 Activity Location: NY By: State Multimedia Inspection: NO Sampling: NO On: NY Type: 120 Agency: State Disposition Status: Activity Location: NY By: EPA	BURY, NY 11590 E, NY 11747 State District: NYSDEC R1 Accessibility: No Transporter: N Operating TSDF: Transfer Facility: N Offsite Receiver: N Converter: State Unaddressed SNC: N State TSDF: State Addressed SNC: N State SNC w/Comp Sched: N Type: 262.D Determined Date: 10/06/1999 Determined Composition: NY By: State Identifier: 000 Multimedia Inspection: NO Sampling: NO Not Subtitle Composition Status: Agency: State Responsible Disposition Status: Appeal In	BURY, NY 11590 E, NY 11747 State District: NYSDEC R1	BURY, NY 11590 E, NY 11747 State District: NYSDEC R1

^{*} Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: February 9, 2018 - 4:24 PM

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG) or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ("Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
El Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospita N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

^{*} Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: February 9, 2018 - 4:24 PM

Description of codes used on the report:

Code	Description
В	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
С	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIE s suspected o	ER - indicates that the handler has been identified through a source other than Notification and of conducting RCRA-regulated activities without proper authority:
Code	Description
Е	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
0	indicates that the handler is a former non-notifier.
Χ	indicates that the handler is a non-notifier.

Violation Type	Description	
262.D	GENERATORS - RECORDS/REPORTING	

Evaluation Type	Type Description	
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE	
NRR	NON-FINANCIAL RECORD REVIEW	
NRR	NON-FINANCIAL RECORD REVIEW	

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

^{*} Note: Penalty amount may not reflect all violations cited.